

RUN DATE: 05/27/03
 RUN TIME: 1157

MEMORIAL HOSPITAL LABORATORY

ACTIVITY REPORT BY LOCATION AND DOCTOR

ATTLEBORO, MA 02703

Name: [REDACTED] Age/Sex: 26/F Attend Dr: [REDACTED]
 Acct#: [REDACTED] Unit#: [REDACTED] Status: DEP ER DOB: [REDACTED]
 Reg: 05/19/03 Location: ER

Specimen: [REDACTED] COMP Collected: 05/19/03-1140 Received: 05/19/03-1142

Test Low Normal High Flag Reference

GLUCOSE 89 70-125 mg/dL

Specimen: [REDACTED] COMP Collected: 05/19/03-0002 Received: 05/19/03-1213

Test Low Normal High Flag Reference

GLUCOSE-CSF 57 40-80 mg/dL
 PROTEIN-CSF 25.5 15-45 mg/dL

Specimen: [REDACTED] COMP Collected: 05/19/03-UNK Received: 05/19/03-1218

Test Low Normal High Flag Reference

CELL CT
 FLUID TYPE CSF
 TUBE #4
 WBC-FLUID 0 /MM3N
 RBC-FLUID 0 /MM3
 VOLUME 5 ML
 APPEARANCE COLORLESS
 COLOR CLEAR

Specimen: [REDACTED] COMP Collected: 05/19/03-UNK Received: 05/19/03-1217

Test Low Normal High Flag Reference

CELL CT
 FLUID TYPE TUBE #1
 WBC-FLUID 4 /MM3N
 RBC-FLUID 36 /MM3
 VOLUME 2 ML
 APPEARANCE CLEAR
 COLOR COLORLESS

** CONTINUED ON NEXT PAGE **

RUN DATE: 05/27/03
 RUN TIME: 1157

S. Y MEMORIAL HOSPITAL LABORATORY
 211 Park Street - Attleboro, MA 02703
 ACTIVITY REPORT BY LOCATION AND DOCTOR

ATTLEBORO, MA 02703

Patient:	(Continued)			
Specimen:	COMP	Collected: 05/19/03-1145	Received: 05/19/03-1154	
Test	Low	Normal	High	Flag Reference
VDRL-CSF	SENT TO REFERENCE LAB--RESULTS PENDING			

Specimen:	COMP	Collected: 05/19/03-1140	Received: 05/19/03-1142	
Test	Low	Normal	High	Flag Reference
CRYPTO AG	(a)			
SPECIMEN TYPE: SERUM				
RESULT: NEGATIVE				
Test performed by:				
Associated Regional and University Pathologists, Inc. (ARUP)				
500 Chipeta Way, Salt Lake City, Utah 84108				
LYME DISEASE AB	0.01(a)	0.00-1.20 LIV		
REFERENCE INTERVAL: Borrelia burgdorferi Abs, Total by ELISA				
Less than 1.00 LIV Negative: Antibody to Borrelia burgdorferi not detected.				
1.00 - 1.20 LIV Equivocal: Repeat testing in 10-14 days may be helpful.				
Greater than 1.20 LIV Positive: Probable presence of antibody to Borrelia burgdorferi detected.				
LIV = Lyme Index Value				
Current CDC recommendations for the serologic diagnosis of Lyme disease are to screen with a polyvalent ELISA test and confirm equivocal and positive with Western blot. Both IgM and IgG Western blots should be performed on samples less than 4 weeks after appearance of erythema migrans. Only IgG Western blot should be performed on samples greater than 4 weeks after disease onset. IgM Western blot in the chronic stage is not recommended and does not aid in the diagnosis of neuroborreliosis or chronic Lyme disease.				

(a) Associated Regional and University Pathologists, Inc.
 500 Chipeta Way, Salt Lake City, Utah, 84108

** CONTINUED ON NEXT PAGE **

RUN TIME: 1197

ACTIVITY REPORT BY LOCATION AND DOCTOR

ATTLEBORO

, MA 02703

Patient: [REDACTED]

(Continued)

Test	Low	Normal	High	Flag	Reference
Please submit requests for appropriate Western blot testing within 10 days.					
The above test was performed at: Associated Regional and University Pathologists, 500 Chipeta Way, SLC UT 84108					
LYME DIS REF PL (2)					
LYME DIS POLY		0.80			0.00-1.20 LIV
REFERENCE INTERVAL: Borrelia burgdorferi Abs Total by ELISA					
Less than 1.00 LIV Negative: Antibody to Borrelia burgdorferi not detected					
1.00 - 1.20 LIV Equivocal: Repeat testing in 10-14 days may be helpful					
Greater than 1.20 LIV Positive: Probable presence of antibody to Borrelia burgdorferi detected					
LIV = Lyme Index Value					
If the Borrelia burgdorferi Abs, Total by ELISA results are negative, no further testing is done.					
LYM G WEST REFL		NOT DONE			
TEST INFORMATION: Borrelia burgdorferi Ab, IgG by Western Blot					
IgG Positive: Any 5 of the following 10 bands: 18, 23, 28, 30, 39, 41, 45, 58, 66, or 71 kDa					
IgG Negative: Any pattern that does not meet the IgG positive criteria.					
LYME M WEST REX		NOT DONE			
TEST INFORMATION: Borrelia burgdorferi Ab, IgM by Western Blot					
IgM Positive: Any 2 of the following 3 bands: 23, 39, or 41 kDa.					
IgM Negative: Any pattern that does not meet the IgM-positive criteria.					
The above 03 tests were performed at: Associated Regional and University Pathologists, 500 Chipeta Way, SLC UT 84108					

(b) Associated Regional and University Pathologists, Inc.
500 Chipeta Way, Salt Lake City, Utah, 84108

** CONTINUED ON NEXT PAGE **

RUN DATE: 05/27/03
RUN TIME: 1157

S Y MEMORIAL HOSPITAL LABORATORY
211 Park Street - Attleboro, MA 02703
ACTIVITY REPORT BY LOCATION AND DOCTOR

PAGE 4

ATTLEBORO, MA 02703

Patient: [REDACTED]

(Continued)

Specimen: [REDACTED]

COMP

Collected: 05/19/03-UNK
Source: CSF

Received: 05/19/03-1216
Sp Descrip:

Procedure

Result

GRAM STAIN Final

NO ORGANISMS SEEN

WBCS:

NONE SEEN

CNS CULTURE Final

NO GROWTH

Specimen: [REDACTED]

COMP

Collected: 05/19/03-1145
Source: CSF

Received: 05/19/03-1154
Sp Descrip:

Procedure

Result

INDIA INK Final

NEGATIVE

Specimen: [REDACTED]

RES

Collected: 05/19/03-UNK
Source: CSF

Received: 05/19/03-1216
Sp Descrip:

Procedure

Result

FUNGUS CULTURE Preliminary

NO FUNGAL GROWTH AT FIVE DAYS, REINC

** END OF REPORT **

RUN TIME: 0843
RUN USER: OFFICE.SL

SIUWA 1000000

PHYSICIAN

Name: [REDACTED] Age/Sex: 26/F Attend Dr: [REDACTED]
Acct#: [REDACTED] Unit#: [REDACTED] DOB: [REDACTED] Location: ER
Reg: 05/19/03 Status: DEF ER

SPEC # [REDACTED] RECD: 05/19/03-1300 STATUS: [REDACTED]
COLL: 05/19/03- SUBM DR: [REDACTED]
ENTERED: 05/19/03-1336 SP TYPE: NON GYN CY OTHR DR: ER

This is a corrected report.
Any previous versions are stored internally and are available if necessary.

TYPE, SOURCE OF SPECIMEN

SPINAL FLUID - 5 CC. CLEAR FLUID

NONGYN

INTERPRETATION: NEGATIVE FOR MALIGNANCY.
SCANT CELLULAR MATERIAL. ANUCLEATED SQUAMOUS CELLS AND
LYMPHOCYTES.

Signed [REDACTED]

[REDACTED] 05/19/03

** END OF REPORT **

RUN DATE: 05/03/03
RUN TIME: 1202

STURDY MEMORIAL HOSPITAL LABORATORY
Attleboro, MA 02703

PAGE 1

ACTIVITY REPORT BY LOCATION

ATTLEBORO, MA 02703

Name:		Age/Sex:	26/F	Attend Dr:	
Acct#:		Status:	REG REF	DOB:	
Reg:	05/02/03	Location:	LAB		
Specimen:		COMP	Collected: 05/02/03-1208	Received:	05/02/03-1211
Test	Low	Normal	High	Flag	Reference
CPK			222	H	24-175 U/L
CKMB			7.34	H	0-5 ng/ml
CKMB INDEX			3.3	*H	0-0.99 %
INTERPRETATION OF MB INDEX:			INTERPRETATION		
CKMB INDEX			negative		
< 3.0 ng/mL and < 1.0%			indeterminate		
> 3.0 to < 7.0 or > 1.0 to < 2.5%			consistent with MI		
> 7.0 ng/mL > 2.5%					

** END OF REPORT **

RUN DATE: 05/16/03
RUN TIME: 1335
RUN USER: DO.NEUR

Sturdy Memorial Hospital LAB *LIVE*
SMH SPECIMEN INQUIRY
PCI User: DO.NEUR Lab Database: LAB.STU

PAGE 1

PATIENT: [REDACTED]

REG DR: [REDACTED]

Specimen: [REDACTED]

ACCT #: [REDACTED]

DOB: [REDACTED]

STATUS: REG REF

LOC: MRI

ROOM:

BED:

U #: [REDACTED]

REG: 05/10/03

DIS:

Collected: 05/10/03-1518 Status:

Received: 05/10/03-1518 Subm Dr:

COMP [REDACTED]

Ordered: SED RATE

Test

> ESR (WESTERGREN)

Result

6

Flag

Reference

0-20 mm/HR

** END OF REPORT **

RUN DATE: 05/16/03
RUN TIME: 1335
RUN USER: DO.NEUR

Sturdy Memorial Hospital
SMH SPECIMEN INQUIRY
PCI User: DO.NEUR Lab Database: LAB.STU

PATIENT: [REDACTED]
AGE/SEX 26/F
REG DR: [REDACTED]

ACCT #: [REDACTED] LOC: MRI
DOB: [REDACTED] ROOM:
STATUS: REG REF BED:

U #: [REDACTED]
REG: 05/10/03
DIS:

Specimen: [REDACTED] Collected: 05/10/03-1518 Status: COMP Req#: [REDACTED]
Received: 05/10/03-1518 Subm Dr: [REDACTED]

Ordered: B12, FOL, CRP, RF

Test	Result	Flag	Reference
> VITAMIN B12	393		226-966 pg/ml
> FOLATE	> 20	H	2.3-20.0 ng/mL
> C-REACTIVE PROTEIN	0.1		0-2.0 mg/dL
	QUARTILE		CARDIAC RISK
	*****		*****
	Q1: < 0.55 mg/dL		LOW
	Q2: 0.55 - 0.99 mg/dL		1.7 x risk of Q1
	Q3: 1.0 - 2.1 mg/dL		2.6 x risk of Q1
	Q4: > 2.1 mg/dL		3.0 x risk of Q1
> RHEUMATOID FACTOR	7		<14 IU/ml

** END OF REPORT **

06/03/2003 12:28

PAGE 01/01

RUN DATE: 05/16/03
RUN TIME: 1335
RUN USER: DO.NEUR

Sturdy Memorial Hospital LAB *LIVE*
SMH SPECIMEN INQUIRY
PCI User: DO.NEUR Lab Database: LAB.STU

PAGE 1

PATIENT: [REDACTED]
AGE/SEX 26/F
REG DR: [REDACTED]

ACOT #: [REDACTED]
DOB: [REDACTED]
STATUS: REG REF

LOC: MRI
ROOM:
BED:

U #: [REDACTED]
REG: 05/10/03
DIS:

Specimen: [REDACTED]

Collected: 05/10/03-1518 Status: COMP Reg#: [REDACTED]
Received: 05/10/03-1518 Subm Dr: [REDACTED]

Ordered: RPR

Test	Result	Flag	Reference
> RAPID PLASMA REAGIN	NON REACTIVE		NONREACTIVE

** END OF REPORT **